920 QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM SCOPE

A. QM/PI PROGRAM COMPONENTS

The QM/PI Program must:

1. Develop a detailed, written set of specific measurable objectives that demonstrate how the Contractor's QM/PI Program meets established goals and complies with all components of this Chapter.

2. Develop and implement a work plan with timelines to support the objectives including:

   a. A description of all planned activities/tasks for both clinical care and other covered services

   b. Targeted implementation and completion dates for QM measurable objectives, activities and PI projects

   c. Methodologies to accomplish goals and objectives

   d. Staff positions responsible and accountable for meeting established goals and objectives, and

   e. Detailed policies and procedures to address all components and requirements of this Chapter.

3. Develop and implement a process to ensure that a "best-effort" attempt has been made to conduct an initial health assessment of each member's health care needs, including follow up on unsuccessful attempts to contact a member within 90 days of the effective date of enrollment.

   a. Refer to Chapter 1600 to obtain time frames in which case managers must have an initial contact with newly enrolled ALTCS members.

b. Refer to AHCCCS contract to obtain time frames in which ADHS/DBHS-affiliated Contractors/providers must have first contact with members referred to Regional Behavioral Health Agencies (RBHAs) and Tribal Regional Behavioral Health Agencies (TRBHAs).

4. Ensure continuity of care and integration of services through:

   a. Policies and procedures allowing each member to select, or the Contractor to assign, a primary care provider (PCP) (or a clinician for an ADHS/DBHS member) who is formally designated as having primary responsibility for coordinating the member's overall health care

      NOTE: For purposes of this policy, a PCP includes a clinical liaison for an ADHS/DBHS member.

   b. Policies and procedures specifying under what circumstances services are coordinated by the Contractor, the methods for coordination, and specific documentation of these processes

   c. Programs for care coordination that include coordination of covered services with community and social services, generally available through contracting or non-contracting providers, in the Contractor service area

   d. Policies and procedures specifying services coordinated by the Contractor's Disease Management Unit, and

   e. Policies and procedures for timely and confidential communication of clinical information among providers, as specified in Policy 940 of this Chapter.

5. Implement measures to ensure that members:

   a. Are informed of specific health care needs that require follow-up

   b. Receive, as appropriate, training in self-care and other measures they may take to promote their own health, and

c. Are informed of their responsibility to comply with prescribed treatments or regimens.

6. Develop policies, and implement procedures, for members with special health care needs, as defined in the AHCCCS contract, including:

   a. Identifying members with special health care needs, including those who would benefit from disease management

   b. Ensuring an assessment by an appropriate health care professional of ongoing needs of each member identified as having special health care need(s) or condition(s)

   c. Identifying medical procedures (and/or behavioral health services, as applicable) to address and/or monitor the need(s) or condition(s)

   d. Ensuring adequate care coordination among providers, including other Contractors, as necessary, and

   e. Ensuring a mechanism to allow direct access to a specialist as appropriate for the member's condition and identified special health care needs (e.g., a standing referral or an approved number of visits).

B. QM/PI PROGRAM MONITORING AND EVALUATION ACTIVITIES

1. QM/PI Program scope of monitoring and evaluation must be comprehensive. It must incorporate the activities used by the Contractor, and demonstrate how these activities will improve the quality of services and the continuum of care in all services sites. These activities must be clearly documented in policies and procedures.

2. Information and data gleaned from QM monitoring and evaluation that shows trends in quality of care issues must be used in developing PI projects. Selection of specific monitoring and evaluation activities must be appropriate to each specific service or site.

3. Contractors must implement policies and procedures for initial and on-going monitoring visits to the offices of primary care providers (PCPs), Obstetricians/Gynecologists and high volume specialists (50 or more referrals per contract year). Visits must be conducted at least every three years to:

   a. Review and document findings regarding medical record keeping practices, and

   b. Assure compliance with Contractor's medical record review standards.

4. The following services and service sites must be monitored at a minimum every three years by ADHS/DBHS or its Contractors and must include, but are not limited to, the following:

Services	Service Sites
• Behavioral Health Therapeutic Home Care Services • Behavioral Management (behavioral health personal assistance, family support, peer support) • Case Management Services • Emergency/Crisis Behavioral Health Services • Emergency Transportation • Evaluation and Screening (initial and ongoing assessment) • Group Therapy and Counseling • Individual Therapy and Counseling • Family Therapy and Counseling • Inpatient Hospital • Inpatient Psychiatric Facilities (resident treatment centers and sub-acute facilities) • Institutions for Mental Diseases • Laboratory and Radiology Services for Psychotropic Medication Regulation and Diagnosis • Non-emergency Transportation • Nursing • Opioid Agonist Treatment • Partial Care (supervised day program, therapeutic day program and medical day program) • Psychosocial Rehabilitation (living skills training, health promotion and supported employment) • Psychotropic Medication • Psychotropic Medication Adjustment and Monitoring • Respite Care	• Behavioral Health Outpatient Clinics • Behavioral Health Therapeutic Home (Adults and Children) • Community Service Agency • Hospital (if it includes a distinct behavioral health or detoxification unit) • Level I Behavioral Health Facility • Level II Behavioral Health Facility • Level III Behavioral Health Facility • Psychiatric Hospital • Rural Substance Abuse Transitional Center

5. The following services and service sites must be monitored at a minimum every three years by Acute Care Contractors and CRS and must include, but are not limited to, the following:

Services	**Service Sites**
• Ancillary • Dental • Emergency • EPSDT • Family Planning • Obstetric • Pharmacy • Prevention and Wellness • Primary Care • Specialty Care • Other (e.g. DME/Medical Supplies, Home Health Services, Therapies, Transportation, etc.)	• Ambulatory Facilities • Hospitals • Nursing Facilities

6. The following services and service sites must be monitored by ALTCS Contractors every three years, at a minimum, (unless otherwise noted), and must include, but are not limited to, the following:

Services	Service Sites
• Adult Day Health Care • Ancillary • Attendant Care***** • Behavioral Health • Dental • DME/Medical Supplies • Emergency • Emergency Alert • Environmental Modifications • EPSDT • Family Planning • Habilitation Services (as applicable) • Home Delivered Meals • Home Health Services • Homemaker***** • Hospice • Medical/Acute Care • Obstetric • Personal Care***** • Prevention and Wellness • Respiratory Therapy • Respite Care • Specialty Care • Therapies (OT, PT, Speech) • Transportation *** These services must be reviewed annually.**	• Assisted Living Centers • Assisted Living Homes • Ambulatory Facilities • Behavioral Health Facilities • DD Group Homes • Foster Care Homes • Hospice • Hospitals • Institution for Mental Diseases • Intermediate Care Facilities for the Mentally Retarded • Nursing Facilities • Own Home • Residential Treatment Centers • Traumatic Brain Injury Facilities

Contractors must implement policies and procedures for the annual monitoring of attendant care, homemaker services, and personal care services. When deficiencies or potential deficiencies are identified, they must be addressed from a member and from a system perspective.

a. General Quality Monitoring of these services includes but is not limited to the review and verification of:

(1) The written documentation of timeliness,

(2) The implementation of contingency plans,

(3) Customer satisfaction information,

(4) The effectiveness of service provision, and

(5) Mandatory documents in the services or service site personnel file:

(a) Cardiopulmonary resuscitation

(b) First Aid

(c) Verification of skills

(d) Submission of at least three (3) references from persons other than family members.

b. Specific quality monitoring requirements are as follows:

(1) Attendant Care monitoring (Refer to AMPM Chapter 1200, Policy 1240, Attendant Care Section for detailed information) must include:

(a) Verification of the monitoring and documentation of the following:

i. An applicant interview within 14 days of contacting the Contractor or subcontracting agency unless there are extenuating circumstances that would reasonably prevent this process

ii. Mandated written agreement between the member and or member representative and the attendant case worker (ACW) which delineates the responsibilities of each

iii. Three references that were contacted by the agency, one of which must be a former employer if applicable and results of the contacts documented in the employee's personnel record

iv. Timeliness and content of supervisory visits as specified in chapter 1200, policy 1240, general requirements

v. Evaluation of the appropriateness of allowing the member's immediate relatives to provide attendant care, and

vi. Provision of continuing education/training sessions for certified ACWS on at least an annual basis and as needs are identified.

(b) An evaluation of the provider's specialized training criteria for a selected certified ACW to provide necessary services to the member.

(2) Personal Care Monitoring (refer to AMPM Chapter 1200, Policy 1240, Personal Care Section) must include verification of the monitoring and documentation of the following:

(a) The personal care provider rendered services under direct supervision by an experienced, qualified personal care provider or medical services (i.e., registered nurse, physician, etc.) until they were verified competent in each of the designated personal care services

(b) Duties and tasks were included in the member's individualized care plan that were necessary to assist the member in maintaining self-sufficiency and these duties and tasks were completed

(c) Timeliness and content of supervisory visits as specified in Chapter 1200, policy 1240, general requirements, and

(d) Three references that were contacted by the agency, one of which must be a former employer, if applicable, and the results of the contacts documented in the employee's personnel record.

(3) Homemaker monitoring (refer to AMPM Chapter 1200, Policy 1240, Homemaker section) must include verification of the monitoring and documentation of the following:

(a) Tasks including but not limited to the following are completed as designated in the individualized care plan

i. Cleaning tasks necessary to attain and maintain safe and sanitary living conditions for the member

ii. Meal planning, shopping, food preparation and storage tasks necessary to provide food/meals that meet the nutritional needs of the member

iii. Laundry tasks required to maintain the member's clothing in a neat and clean manner, and

iv. Other duties and tasks, as included in the member's individualized care plan that are necessary to assist the member in maintaining self-sufficiency.

(b) Timeliness and content of supervisory visits as specified in Chapter1200, Policy 1240, general requirements, and

(c) Three references that were contacted by the agency, one of which must be a former employer, if applicable, and the results of the contacts documented in the employee's personnel record.

(4) Sampling methodology for monitoring of attendant care, personal care, and homemaker service must assure that all provider agencies and all direct care workers have an equal opportunity to be sampled. (Provider agencies must be included in the sample frame even if the number of employees does not meet a statistically significant level. All employees must be included in the sample frame including those who are in the pool of workers but are not currently assigned to a member.)

C. IMPLEMENTATION OF ACTIONS TO IMPROVE CARE

1. Contractors must develop work plans for taking appropriate actions to improve care if problems are identified. The work plans should address the following:

a. Specified type(s) of problem(s) that requires corrective action

b. Person(s) or body (e.g., Board) responsible for making the final determinations regarding quality issues

c. Type(s) of member/provider action(s) to be taken including:

(1) Education/training/technical assistance

(2) Follow-up monitoring and evaluation of improvement

(3) Changes in processes, structures, forms

(4) Informal counseling, and/or

(5) Termination of affiliation with provider.

d. Assessment of the effectiveness of actions taken

e. Method(s) for internal dissemination of findings and resulting work plans to appropriate staff and/or network providers, and

f. Method(s) for dissemination of pertinent information to AHCCCS Administration and/or regulatory boards and agencies (i.e., Arizona Department of Health Services, Arizona Medical Board, Arizona State Board of Nursing, etc.).

2. Contractors must maintain documentation that confirms the implementation of corrective actions.